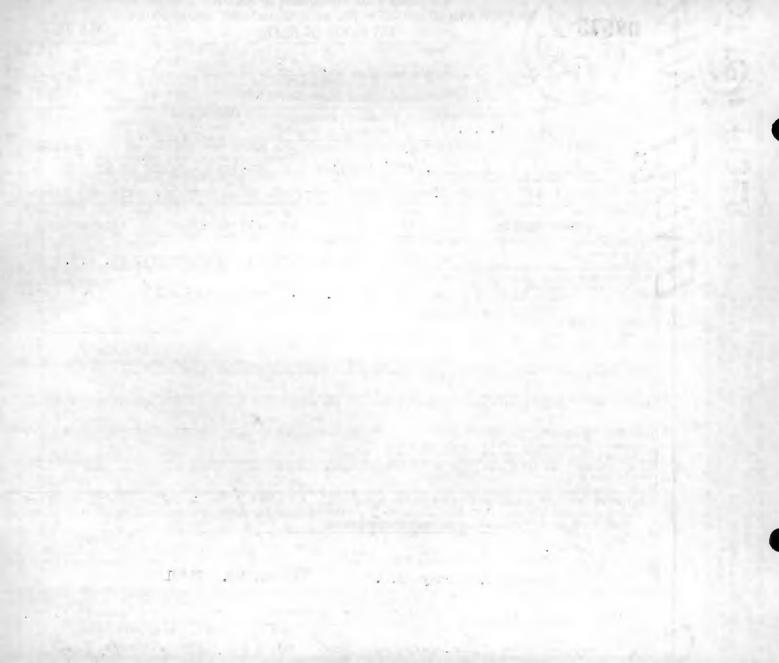
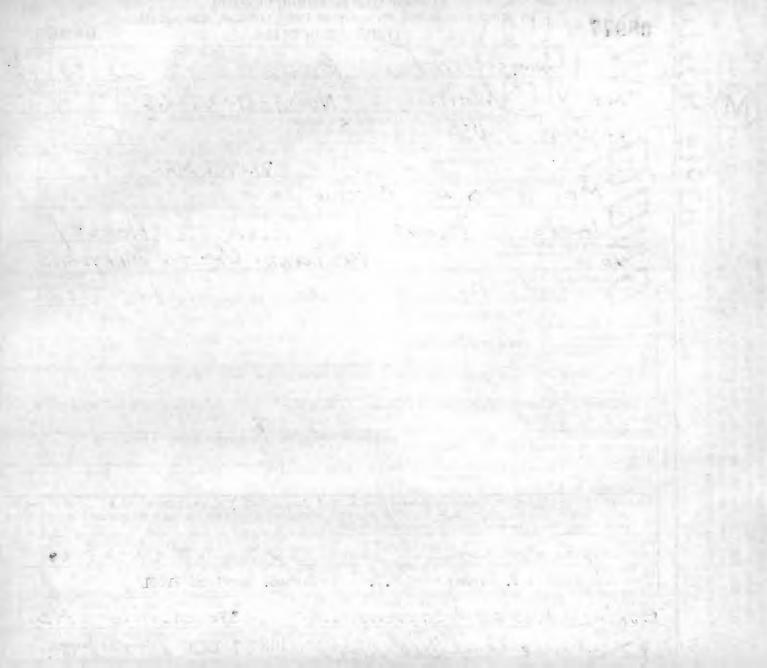
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MARYLAND STATE DEPARTMENT OF HEALTH

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	1			TALE DEPARTMENT OF HEA		
5		08977	VISION OF VITAL RECORDS, 301 CER	W. PRESTON STREET, BALTIMO TIFICATE OF DEATH	RE, MARYLAND 21201	08969
r deoth. uneral 1 and 2 r death.		ECEASED-NAME First Type or print)	1ES FliteRen	Burne	o. DATE OF DEATH Month Day	Year 9 2b. HOURS
hours offer hours offer hours offer	3. 5	MALE	A. RACE WHITE	S. DATE OF BIRTH NOV. 9-19		FUNDER 1 YEAR IF UNDER 4 HRS.
	7a.	BIRTHPLACE (State or falling) 7b.  MARYLAND	USA WIL	DOWED DIVORCED	DUNTY OF DEATH	, Md.
be executed within 24 and completely filled if a remove corbon paper in ony event, within 72	10.	CITY OR TOWN ON DEATH  Easto N	11. NAME OF HOSPITAL OR INSTITUTI		CUPATION (Kind of work done f working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY
omplet owe corl	13o. adm	USUAL RESIDENCE (Where deceosed lission) STATE D.		CITY OR TOWN  4/CSTCR 13d. INSIDE CITY LIMITS?  YES NO	13e. STREET AND NUMBER	
physicial be executed with physician and completely em please remove carbon oval, ond in any event, with	14.	FATHER'S NAME First  JAMES	Middle BURNS	15. MOTHER'S MAIDEN NAME First	Middle	RNEYLOST
physicion physicion Then pleas moval, and		(es, no, or unknown) (If yes give war or o	FORCES? dates of service) 16b. SOCIAL SECURITY NO.	MRS. BURNS-	HESTER MA	RYLAND
eguires that the death a physicion. Signed by the ottending burial-transit permit. The burial, cremation, or rem		PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave ase to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR COND	TION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	CERTIFICATION	190. DATE OF OPERATION 196. CONI	DITION FOR WHICH OPERATION WAS PERFORM	NED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS COL CAUSES OF DEATH?	ISIDERED IN CERTIFYING
ICIAN: The pital or att rifficate ho de far use of Health p	DICAL CER	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nat	ure of injury in Part 1 or Part 2, the	m 18.)
S PHYS the hos this ce detache e Dept.	W	While Nat while at work	CE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City ar Town	Caunty State
O HOSPITAL OR ATTENDING PHYSICIAI Rage 4 may be retained by the hospital D FUNERAL DIRECTOR: After this certifica director, page 3 should be detached for should be filed with the State Dept. of He		22a. I certify that (I) (this h	ospital) attended the deceased from	om C - / 7 , 19 G 7, ond that in (my) (our) apinion after death.	death occurred an the date	that (I) (we) last and haur and from the
DIRECTOR AT DIRECTOR 3 shulled with		22b. SIGNATURE	Pany	DEGREE ATTENDING MED.	STAFF COL	TE SIGNED
TO HOSPITAL Page 4 may b TO FUNERAL D director, page > should be file			P. Carney M.		yland 21601	
TO HC Page To Fu direc	230			VSVILLE S	LOCATION (City or Town)	
VR AIL OF	L	FUNERAL DIRECTOR	e Chuck Lill	ma 250. REC'D BY RE	GISTRAR 25b. REGISTRAR'S SI	GNAIURE



	MARYLAND STATE DEPARTMENT OF HEALTH
1,	08978 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Iteml3 FilmChl3 6/11/69 kk CERTIFICATE OF DEATH 08970
76	1. DECEASED-NAME (Type or print) Deceased are considered to the contract of OEATH (Type or print) Deceased to the contract of OEATH (Type or print
2	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   FUNDER 1/FUNDER 2/4 HRS.   last bightagy   MONTHS DAYS HOURS MIN.
hours after n by the s. Pages hours after	MALE WHITE 10-1-91 (1" YRS.
4 hou	76. CITIZEN OF WHAT COUNTRY?  **INDOMED**  75. CITIZEN OF WHAT COUNTRY?  **INDOMED**  **INDOMED*
executed within 24 hours de completely filled in by the smove corbon papers. Pagony event, within 72 hours	10. CITY OR TOWN OF OEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. KIND OF BUSINESS OR INDUSTRY
cuted vomplets	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Talbot Cordova 13d. INSIGE CITY LIMITS?  13e. STREET AND NUMBER
Par	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be din din din	Josiah J. Calloway Jennie Smoot
hysicio hysicio n pleov vol, an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  219-11-4056  Charles B. Hickson, RFD Easton, Md. 21601
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours at Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon pagers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of	18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)

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		_1				ARTMENT OF HEAL		
	72		08979	DIVISION OF VITAL RECORDS,	301 W. PRESTO CERTIFICATE		RE, MARYLAND 21201	08971
	death.		DECEASED NAME Firs (Type or print) Fann	ie Messix Collins	L	ost 20	. DATE OF DEATH 6 Mong 6 Dog	1969 Yeor 25 HOUR
offer affer affer		3	Female	4 RACE White	5. DA	TE OF BIRTH 1/18/1 <b>896</b>	6 AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	filled in by thours popers. Per thin 72 hours	7ø.	BIRTHPLACE (State or foreign unitry) Md.	76 CIT ZEN OF WHAT COUNTRY?	8 MARRIED NE	DIAOKCED	OUNTY OF DEATH	Md
	be executed within 24 ho ond campletely filled in a remove corbon papers, in any event, within 72 h	``,	CITY OR TOWN OF DEATH	NAME OF HOSPITAL OR IN			CUPATION (Kind of work done to the control of the c	125. KIND OF BUSINESS OR INDUSTRY
	ond campletely free corbon in any event, with	13o	USUAL RESIDENCE (Where decements of the state of the stat	osed lived if nstitution Residence before	13c CUTY OR TOWN	13d INSIDE CATY LIMITS? YES NO	130 STREET AND NUMBER 107 Goldsbo	ro Street
	be exe ond c e remo	14	John H. Messi	Middle lost	s moti	rgaret G. Di	Middle	Lost
	physician (en please proof, and i	161	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	D 17 INSORM	. Henry H.	Purdy, Easton,	, Md.
519	squires that the death ce physician. signed by the attending buriol-transit permit. The burial, cremotion, ar rem	2	PART I. DEATH WAS CALS IMMED Conditions, if dry, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	one of		TION G.VEN IN PART I(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  CO MENO
	AN: The law ratending lot attending lot has been for use as the Health prior to	TEICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20	o AUTOPSY? YES NO	20b IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
		MEDICAL CERT	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE. (If either, notify medical exam	ATH HOUR A.M. Month Doy Year		URY OCCURRED (Enter notu	re of injury in Port 1 or Port 2,	Item 18)
	PHYSIC he hospi this certi this certi detached			B. PLACE OF INJURY ( AT HOME FARM STREET FAI OFFICE BUILDING, ETC		Street or R.F.D. No	City or Town	County State
	OR ATTENDING De retained by the NRECTOR: After the 3 should be de ad with the Stote		22a I certify that (1) (1 saw the deceased causes stated abov	his hospital) attended the decease al ve an / f June 1 re, (I) (we) (did) (et <del>al net)</del> view the	ed fram 9 9, and that body ofter death	in (my) (a <del>ur)</del> apinion	to 6 Jan, 19 death accurred on the do	that (I) (we) last are and have and from the
			226 SIGNATURE	En Blames	- DEGREE P	ATTENDING MED DIRECTO	OR PHYS G	DATE SIGNED
	O HOSPITAL Page 4 moy O FUNERAL I director, pag			nen P. Carney, H.D.		P.O. Bo	x 929, Easton,	Md. 21601
	Page TO FU direc	239			CEMETERY OR CREMA		aston, Ma.	(County) (State)
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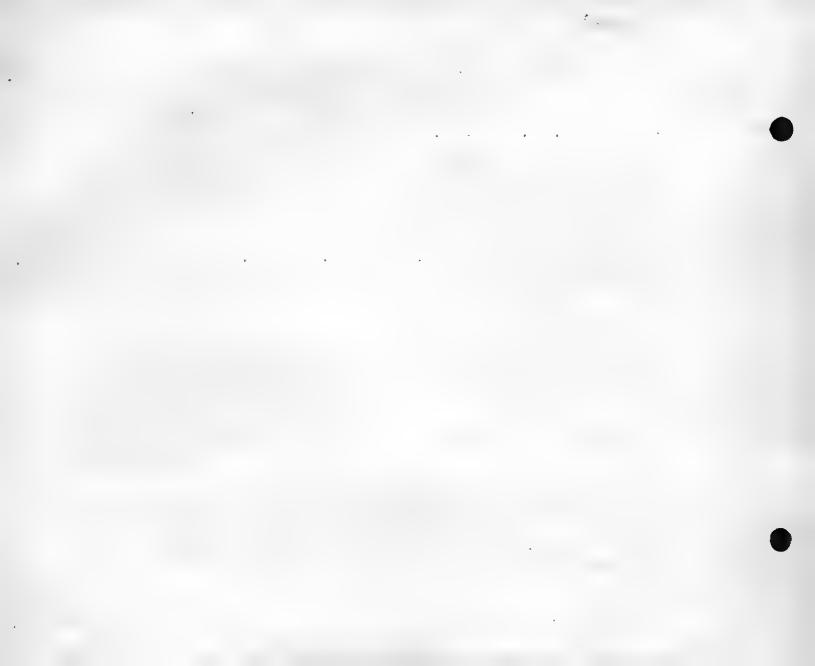
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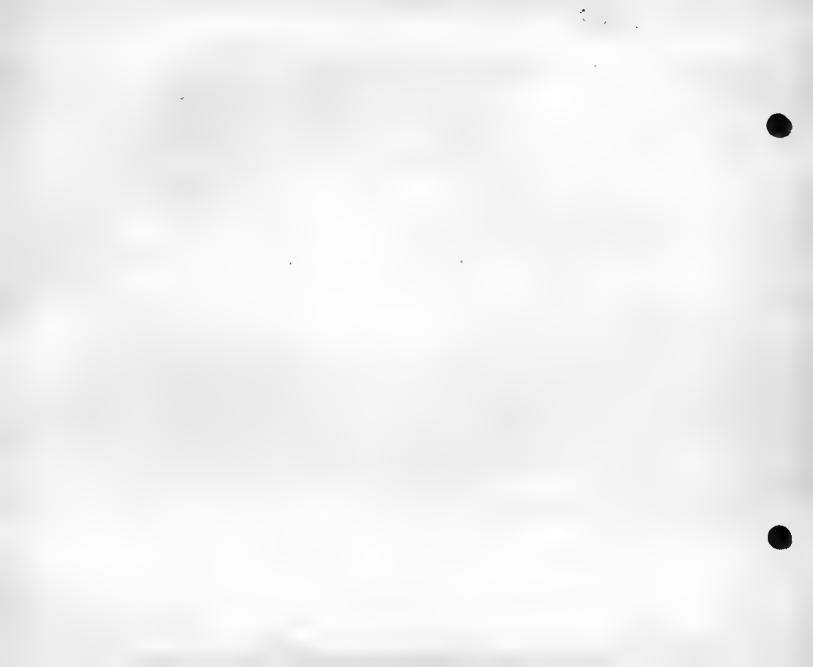
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			08980	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
			110000		ERTIFICATE OF DEAT	Н	08972
	- 2 -	1 D	ECEASED NAME First	M ddle	Lost	20. DATE OF DEATH	2b HOUR
	death		una or print) 4/2	- 1	DAVIS	Month Doy	1969 4:30AM
	er death funeral ter death	1		ARET	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1 105 /	IF UNDER 1 YEAR   F JINDER 24 HRS
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	haurs after in Dy the fu		BIRTHPLACE (Stote or foreign	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔲 NEVER MARRIED 🗀	9. COUNTY OF DEATH	
	4 F.85	100	MARYLAND.	71-S.A	WIDOWED DIVORCED	1ALBOT	Md.
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please-remove carbon paper—pages I and sed with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event, within 72 haus after death		EASTON	give street address)	WETON TO don't	ig most of working life, even if retired)	THE USENEEPED
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	ESE	1	//	TREENW  MED FORCES? 1166, SOCIAL SECURITY		Address	OX
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	Phy en you		/ ٧ /	217-30-6	1/2 YAMESC	VAVIS ITA	APPROXIMATE INTERVAL
	at the death cer the attending p nsit permit. The mation, ar remo		IB. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).	1 10		BETWEEN ONSET AND DEATH
	at indi		PART 1. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (0)	tailene		weeks
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	the of it of the of it of its		Conditions, if ony, which gove)	11.5.4	F. D.		1 4 RS.
	y the		rise to immediate couse (a), (	(b) C C C DUE TO, OR AS A CONSEQUENCE OF			
m	s # ciar d b 		stoting the underlying couse	(A)			
- 2	quires the physician. signed by burial-trar burial, cre			IDITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERMINAL DISEASE	OPCONDITION GIVEN IN PART 1(m)	
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M	s b as b	15	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
	N: The law re or attending the has been ruse as the ealth prior ta	CERTIFICATION				UX.	
	ate are	E	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRED	(Erker noture of injury in Port 1 or Port 2, It	rem 18)
	発養者	MEDICAL	(If either, notify medical exami				
	res cer che	K	AT A CHILDREN OCCUPATO DE	PLACE OF INJURY (AT HOME FARM, STREET, FAR	TORY.) 21f LOCATION Street or R.F.L	). No City or Town	County State
	G PHYSICIAI the haspital this certifice detached fa		While Not while of work	Currice Bullions, Etc.	N. 16	(C) M	60
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	Aft Aft a b s St			is hospital) attended the diceose		opinion death occurred on the dat	e ord hour and from the
	the Sales		couses stated above	e, (L) (we) (did) (did not) view the	body after deoth.		
	A B D S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	91	ATTENDING ATTENDING	MED. STAFF 22¢ D	ATT SIGNED
	OR ATTEND be retained DIRECTOR: A le 3 should ed with the		7/L	ece //	DEGREE PHYS	DIRECTOR PHYS.	61 (7/69
	AL POPE /		22d. PHYSICIAN'S	110-11	22e. ADDRESS	10: 11	1 11 1
	PH moments and per larger larg		NAME (Type)	KRECH J.	Z. E	ASTON, MA	2 1/ 1
	e 4	230	BURIAD CREMATION. 235.	DATE 23. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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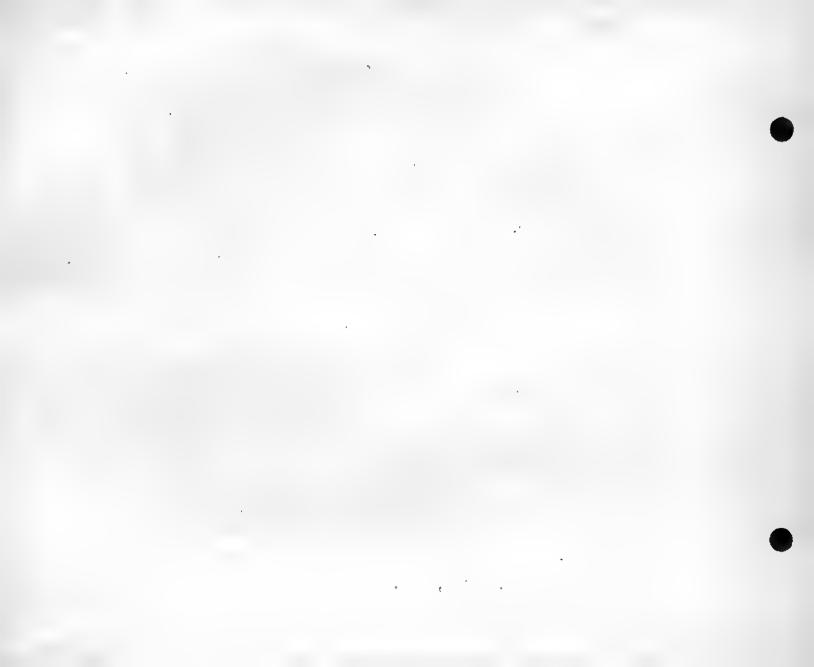
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3			08981	DIAIRIO	-		RESTON STREET, BALT CATE OF DEATH	IMORE, MARYLAND 2	.1201	089	73		
	eoth.		ECEASED NAME First Type or print) Tula		Middle Rebecca		tost Dill	20. DATE OF DEATH  Month	9-Doy	69 <sup>Yeor</sup>	2b. HOUR		
	after d	3. 5		4 RACE	while		5. DATE OF BIRTH 28-8	9 6. AGE (to	yeors	F JHDER 1 YEAR   IF	UNDER 24 HRS.		
•	4 hours I in by Pers. P		BIRTHPLACE (State or foreign of the Co. N	7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF BEATH Talbot			Md.		
	within 2		10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)										
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	din any	14	FATHER'S NAME First Dicen	iM	ddle Lost Bradle	У	S. MOTHER'S MAIDEN NAME	Rebecca	Middle	Cannor	Lost		
tificote, hysiciar n pleas vol, and			WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (fyes give w	AED FORCES? Par or dates of ser		NO. 17.	INFORMANT Mrs. Louise V		Address 1.ewpo				
4	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician.  **INTECTOR: After this certificate hos been signed by the attending physician and completely filled in by the time of e. 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Place on the with the State Dept. of Health prior to buriol, cremation, ar remayol, and in any event, within 72 hours caedeath	~	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (O)	D BY- ATE CAUSE (o  DUE TO  (k	D, OR AS A CONSEQUENCE OF		Š .	CONDITION GIVEN IN PART 14	(o)	BETWEEN ONSE	E INTERVAL T AND DEATH		
1/	The law re ottending hos been use as the lith prior to leave.	CERTIFICAT ON			OR WHICH OPERATION WAS PE		200 AUTOPSY? YES NO	-			TFYING		
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	VR ATTO	24	JUNERAL DIRECTOR	on -	Federale buy	4,72	2So. REC D I		EG STRAR'S SI	GNATURE Que	٤		



MAKTLAND STATE DEPARTMENT OF HEALTH 08982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08974 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH (Type or print) Month (a MARY DONALDSON S 500 RACE 6. AGE (In years IF LINDER 1 YEAR last birthday) MONTHS ! DAYS 70\_BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED 🔀 DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HISPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of wesking life, even if retired ) Sirectar, page 3 shauld be detached far use as the burial transit permit. Then please remave carban shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, with requires that the death certificate be executed with campletely tome 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER Bloom M.ddla 15. MOTHER'S MAIDEN NAME First 17. INFORMANT Yes, no or unknown) (1) yes give wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21a ACC DENT WAS INDERLYING 216 TIME OF NUTRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. (ify or Town County State While Not while at wark TENDING causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b, SIGNATURE 22c DATE SIGNED DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME OF CEMETERY OR CREMATORY (County) (State) VR A15 (4) 30M REV. 1/68



	t i		MAKTLAI	AD STATE DEPARTMEN	I OF HEALIH	
		COROR	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201	08975
·		08983		CERTIFICATE OF DE	ATH	00312
근 8년	1. D	ECEASED-NAME First	Middle	Lost	20 DATE OF DEATH	26, HOUR
eot eot	(	ype or print) EMMA	MAY	DORAN	Month Doy	
5 (A-/E)	3. SI		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF JINDER I YEAR   IF UNDER 24 HRS
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FEND ned R: A culd the S		sow the deceosed a couses stated above	live on (did) (did not) view the	1967, and that in (my) (c body ofter death	our) opinion deoth occurred on the do	te and hour and from the
is S C S S if		22b SIGNATURE	Act 1		22:	DATE SIGNED
OR DIRE		Varse	& Donote	DEGREE PHYS	MED STAFF DIRECTOR DIRECTOR PHYS. D	
OV I D		22d PHYSICIAN'S		22e. ADDRESS		
SPIT 4 m IERA or, d be		NAME (Type) Dorse	tt D. Smith, M.I	).		
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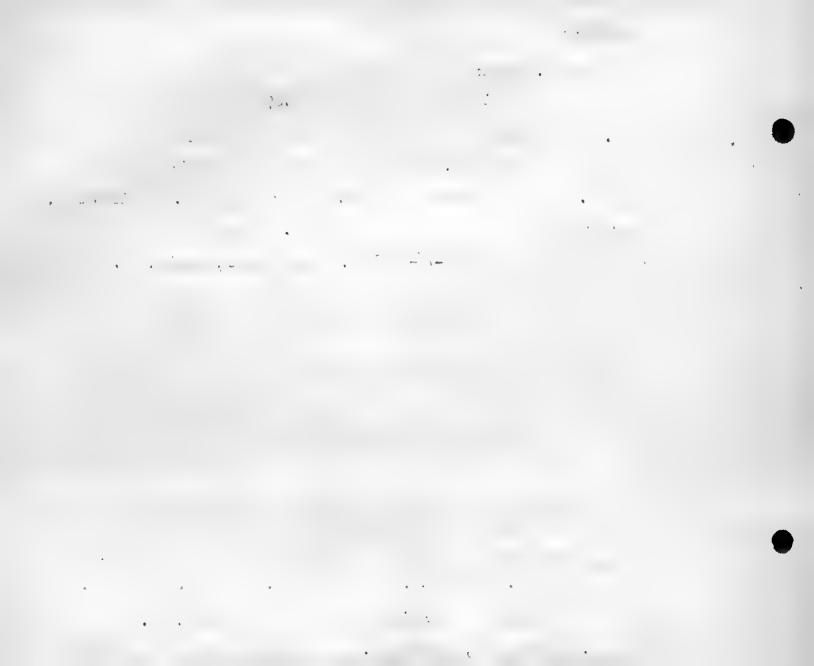


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08976 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost death. 20. DATE OF DEATH 2b. HOUR (Type or print) June 30, HARVEY GANNON BLRERT 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years F JNDER YEAR F LNDER 24 HRS last birthday) MONTHS DAYS HOURS Male White February 2, 1907 7a BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) paper Talbot County WIDOWED [ DIVORCED [ USA Marvland within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) remaye carban INDUSTRY Newcomb Carpenter Housing ar remaval, and in any event, 13a JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Talbot YES NO Maryland Newcomb 14 FATHER'S NAME Middle Last IS MOTHERS MA, DEN NAME First Middle requires that the death certificate be attending physician a sermit. Then please Elbert Gannon Sue Spence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) 220-28-0054 Mrs. Marie B. Gannon, Newcomb, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, Canditions, if any, which gave burral-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed 1 burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) has been s se as the b th priar tab 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use af Health p YES [7] NO N certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day O FUNERAL DIRECTOR: After this certil director, page 3 shauld be detached director, page 3 shauld be detache shauld be filed with the State Dept. 21d Marky OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. County Stote While Not while at work 22a. I certify that (I) (this haspital) attended e deceased diggs and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an. causes stated above, (4) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c, DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS NAME (Type) SHEPARD KRECH. M. Easton, Maryland **BURIAL, CREMATION** 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) (County) Spring Hill Cemetery Baston, Maryland July 2, 1969 UNERAL DIRECTOR 250 REC'D BY REGISTRAR

MAKTLAND STATE DEPARTMENT OF HEALTH

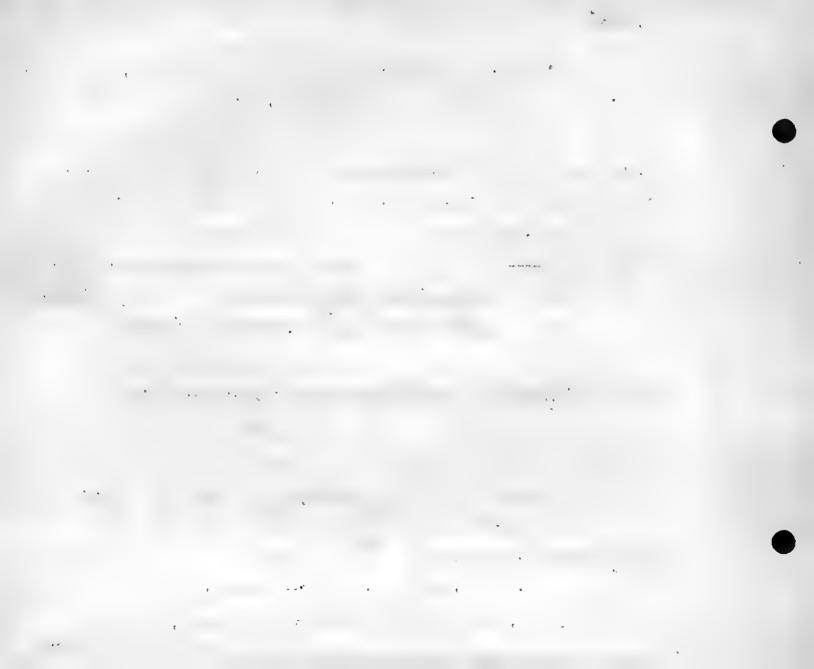
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1	D		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL		
	08985		ERTIFICATE OF DEATH		08977
	OFCEASED NAME (Type or print) Lyda A.	Middle  Gannon  4. RACE	tast	2a. DATE OF DEATH Month Day	Yeor SAM
3 3	Female	White	s. date of birth 8/25/1 <b>8</b> 93		UNDER 1 YEAR F UNDER 24 HRS OTHS DAYS HOURS MIN
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	CITY OR TOWN OF DEATH Easton			enk-Stationery Sto	
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14.	Rufus McVeal	M adle Last	IS MOTHERS MA, DEN NAME Annie E. Mo	First Middle Cracklen	Lost
160	WAS DECEASED EVER IN U.S. ARMED Yes no or unknown) (P yes give wer o	FORCES? 166 SOCIAL SECURITY 1 218-16-5	367 C. Robert Ro	owens, Easton, Md.	
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W	at work at work		21f LOCATION Street or RFD N		ounty State
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	22b. SIGNATURE	B Cos		MED STAFF 20 20 DATE	-69
	22d. PHYSICIAN'S NAME (Type) Stepher			Box 929, Easton,	
			CEMETERY OR CREMATORY  NO. NECK	Easton, Md.	(State) (State)
24	MURICE E. NEUN	AM & SON, Easton	, Md. Datell	BY REGISTRAR 256 REGISTRAR S. S. G.	NATURE COLORS



	1	MARTLAND STATE DEPARTMENT OF HEALTH	
		08986 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
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OR A DIRECT STREET STRE		DEGREE PHYS DIRECTOR	ate signed -6-69
FITAL f may ERAL or pag d be fil		22d. PHYSICIANS NAME (Type) Stephen P. Carney M. D. Easton Maryland 21601	616160
Age / FUN	23a	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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· ·		MARYLAND STATE DEPARTMENT OF HEALTH	
	1	18988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 / "	ו ו	CERTIFICATE OF DEATH	08980
근 7년		ECEASED NAME First Middle LOST/ 20. DATE OF DEATH	2b. HOUR
deatil deatil	(	(ype or print) Maris Magaleline Halkis June 2	19/9/35M
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oding p r. The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY  (MMEDIATE CAUSE (a) Chronic acture behaviors	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
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TEND ned ned Rr. A the		saw the deceased alive an	are and havr and from the
ATT ATT She she with		22b SIGNATURE 22c	DATE SIGNED
OR be 1 DIRE		DEGREE PHYS DIRECTOR DIPHYS LI	-21-19
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ng P		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and (c)		1	AFPROX MATE IN ENVAL BETWEEN ONSET AND DEATH
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AL Doug		22d PHYSICIAN'S		22e ADDRESS	- T - T - T	2-1-01
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HO.	230		DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
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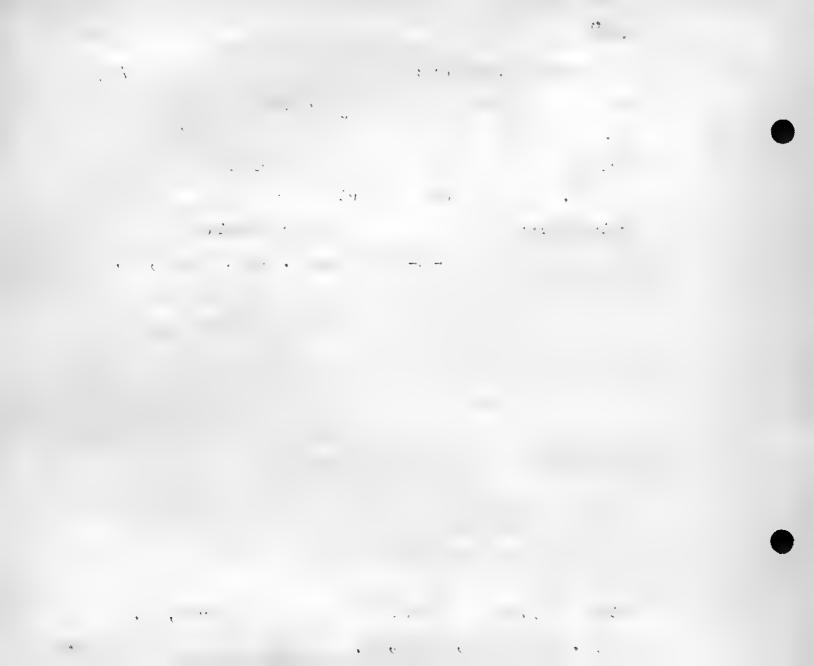
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HEALTH DEPT.		ECEASED-NAME Type or Print)	First		Middle	1	Lost		2	a. DATE KNO			Day Year	2b. HOUR
y is tof taf			ERNE		F		HUFFER			DEATH MA	TED 🔲	6	1 1969	201
ny delay is 2, and 3 to PM3. Page partment af	3 5	EX M	RACE <b>W</b>	5 DATE OF BIR	17,1899	6. AGE (n yeers G'Grinday) YR	F UNDER 1 YEAR MONTHS DAYS		24 HRS 2	c. DATE PRON		DEAD oy	Yeor 19	2d HOUR
	70.	BIRTHPLACE (State or http:///ARYL		CITIZEN OF WH			RRIED NEVER	_		TY OF DEATH				
far far	1	ITY OR TOWN OF DE	AND	4.5	AME OF HOSPITAL			IVORCED		'ALBO'		1 11	AL V ND OF BUILD	Md.
after death any de 8 Give Pages 1, 2, and glong with farm PM3. With the State Department.		EASTON	AIR		MEMOR IZ			during	E /	IPATION (Kind vorking life (	everyl ret	E /A	26 K ND OF BUSI	NESS UK
haurs after death.  Jean 18 Give Pages 1, Office along with farm land2 with the State De		USUAL RESIDENCE ( dmissian) STATE	Where deceased	lived, if institution 136 COUNTY	itian Residence b	refere 13c. CIT	OR TOWN	YES N		30. STREET AM	ND NUMBE	R		
ncil in Item Ininers Office pages I and 2	14	ATHER'S NAME	First AREAK	Middle	F. H.	last  F/-Z-F4	15. MOTHER'S A	AAIDEN NAME	First	111.	Middl AG/	VIA	KELIF	AVER
		WAS DECEASED EVER I	4	RCES? r or dates of service)	166 SOCIAL SECUI 2/7-30-	8451	17 INFORMANT VIS VIOL	ETK	+UF	FEA	ADDRESS	5WN.	ISEND,	DEL.
in pe cal Exar nit. File thin 72		18. CAUSE OF DE	IL MINE CALLETO	nW.	ine far (a), (b), on	d (c).)	TIO TON						APPROX, MATE BETWEEN ONSET	
shauld be executed ne word "pending is the Chief Medical burial-transit permit."		1/100	IMMEDIATE	CAUSE (a)	ORONAR' AS A CONSEQUEN		USTON							
be e "per iief / iinsit ever		Conditions, if any,			SCHD	CL 01								
ord ord e Ch al-fro		rise to immediate stating the under			AS A CONSEQUEN	CE OF						-		
sha sha a th buric		last.		(c)										
ficate ing the rded to as a land.		PART 2. OTHER SIGN	IIFICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BU	NOT RELATED	TO THE TERM, NA	L DISEASE OR (	CONDITION	GIVEN IN PAR	RT 1(o)			
INER: This certificate shauld be executed will be executed will be certificate, writing the word "pending in pershould be farwarded to the Chief Medical Exarthes.  3 shauld be used as a burial-transit permit. File totalian, ar remayal, and in any event within 72	MEDICAL CERTIFICATION	19a. DATE OF OPER	ATION		19b CONDITION WAS PERFOR		ERATION						20 AUTOPSY	7 NO <del>X</del> 1
This icate be for the formula to the	CERTIF	21a EXTERNAL CAUS	SE WAS	215 T ME OF	INJURY Menth, Do	v. Year	Zic. HOW INJURY	OCCURRED (En	ter noture	at inject in F	Part Lor F	Port 2. item	YES	MO [_]
= -	BOICAL	PRIMARY OR CO		HOUR A.	M. M	19								
E + + 1 = E	W	2.d. INJURY OCCURI WHILE INOT W AT WORK AT WO	HILE focto	ACE OF INJURY (a rry, affice build n	At hame, farm, st g, etc.)	reet,	21f LOCATION Stre	et or R.F.D. No		City or To	lwh		County	State
AL EXA execute or. Page if far you TOR: Pag					he remains des		e, held an Au	itopsy,	Inspe	ection 🔀,	Inqu	iiry 🔲,	and in m	y opinian
bicase er director. etained birector in to buring in the burin		death result	ted fram:	Natural caus	ses 🗓 , Acc	ident [],	Suicide [],	, Hamtcid	le 🔲,	Undetern	nined m	anner [		
ry, please ereral director be retained RAL DIRECTOR		ACTUAL `	In.	NU	VIT			HIEF MEDICAL			20	L DATE CI	CHEB	
EPUTY Sssory, p funeral ay be ra INERAL		SIGNATURE	Zum	9111	000		acting	iss stant med replity med ca			1.6	b DATE SI	L <del>-</del> 69	
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr		EXAMINER'S NAME (Type)	Louis	S.Wel	ty /			ADDRESS(Street			_			
To FU Head	230	BURIAL, CREMATION REMOVAL (Specify)	23b D	ATE /4/69	23c. NAN	E OF CEMETER	OR CREMATORY	E CET	N 23d 3	OCATION (City	ar Iawn	1111	County) (SI	(ate)
2	24	FUNERAL DIRECTOR	10	. 1	Mai	ADDRESS 12	-	250 RECT	D BY REGIS	TRAR	2Sb REGI	STRAR'S SI	GNATURE	
VR ATSME (5)	L,	N. Les	ar D	Mell	- /11	ALRI	oun K	ZADATILLA	1 1	1969	000	land	en Judge	



	1		MARYLAND STATE DEPARTMENT OF HEALTH	
		08991	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
r.	ı	GUDDAT	CERTIFICATE OF DEATH	08983
£		ECEASED-NAME First	Middle Lost 2a DATE OF DEATH	2b. HOUR _
death.	1	Type or print) Ethe	1 Tilghman Ireland James 2001	
	3. 5		4 RACE S DATE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR I IF UNDER A HRS
urs afte	۱,	fomala	lost birthdow.	MONTHS DAYS HOURS MIN
ST S	70	BIRTHPLACE (State ar fore.gn		
In the sers.	can	ntry) 1/2	76. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARR ED   9. COUNTY OF DEATH WIDDWED DIVORCED   70.	
Iled pop	10.	CITY OR YOWN OF DEATH,	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after e hospital or ottending physician. This certificate has been signed by the attacking physician and completely filled in by the stocked far use as the burial-transit permit. Then please remove carbon papers. Rages Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after	L	FASAN	give street oddress) Memorial Hosp. Thousand most of work no lile, even if retired.)	INDUSTRY
d w	130	USUAL RESIDENCE (Where deceas	ed lived, if institution Residence before 13c, CITY OR TOWN 13d MSIDE CITY LIMITS? 13e-STREET AND NUMBER	
cute cute ve (	adm	ession) STATE	36 COUNTY ALBOT EASTON YESD NO GLEBE	ROAT
d co	14	FATHER'S NAME First	Middle Last IS MOTHER'S MAIDEN NAME First . Middle	Lost
be an	IJ	AMES F. TI	LGHMAN CORAJONES.	100
cion	160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address	
retificate be ex physicion and pleose rem ovol, and in on		(es/ny: or unknown) (1 yes give w	BIR-24-4532 SAMUEL J. [RELAND. SRIE	ASTAN MO
1 5 6 E		18. CAUSE OF DEATH (Enter on	y one cause per line for (o), (b), and (c) $\Omega$	APPROX MATE INTERVAL
复 智 2		PART I DEATH WAS CAUSED	) BY	BETWEEN ONSET AND DEATH
de de n, o		* IMPREDIA	DUE TO, OR AS A CONSTRUCTOR	
the of the other		Canditions, if any, which gave)	DUE TO, OR AS A CONSTRUCT OF	
y #		rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	
equires that the depth tertiphysician. signed by the attending phourial-transit permit. Then burial, crematian, or remove		stating the underlying cause last	10 Tholas moto stages	
and in the second secon		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
A 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			The same of the sa	· ·
V Sparie	1011	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY? 20b IF YES, WERE FINDINGS CI	ONSIDERED IN CERTIFYING
PHYSICIAN: The low re he hospital or ottending this certificate has been betoched for use as the e Dept. of Health prior to	CERTIFICATION	16/30/68 0	a of beat right YES   NO TX CAUSES OF DEATH?	The state of the s
or or us		21a. ACCIDENT WAS UNDERLYIN		Item 181
E PER PER PER PER PER PER PER PER PER PE	3	OR CONTRIBUTING CAUSE OF CEATS (If either, notify medical examin	H HOUR A.M. Manth Day Year	
YSI cert the pt. o		ALL DESCRIPTION OF STREET	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
PH he		White Not white at work of work	OFF CE BUILDING, ETC.	eagir. F
NG V #F Fer 1		di Walk Ol Walk	shappital) attended the deceased from 10/30, 19.68, to 6/2, 19	67, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P		saw the deceased al	ve an6 / 219 6 7 and that In (my) (and) an injury death accurred on the da	te and have and fram the
OR Sine		causes stated above	, (I) (vi) (did nat) view the bady after death.	
Teta Ferral With With With With With With With With		226, SIGNATURE	ATTENDING THE MED STAFF 122c. I	DATE SIGNED
D S C C C C C C C C C C C C C C C C C C		X	DEGREE PHYS DIRECTOR PHYS.	6/4/69
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death tertificate be executed within 24 Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72		22d. PHYS CIAN'S J.	T.B.AMELER M.D. ZAADDRESN, MARYLAND 21601 6/4	/69
He 4 ecto	230	BURIAL, CREMATION, 23b [	TATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCAT ON (City or Town)	(County) (State)
Page Shapes	1	SREMIOWAL (Specify)	15/1969 FAIRVIEH CORDOVA	15
VR A15	24	FUNERAL DIRECTOR	ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR S	S GNATURE
45M X X	/ K	server E. Ne	Mame Day GATON, Md all 6 1969 Peliane	es judge



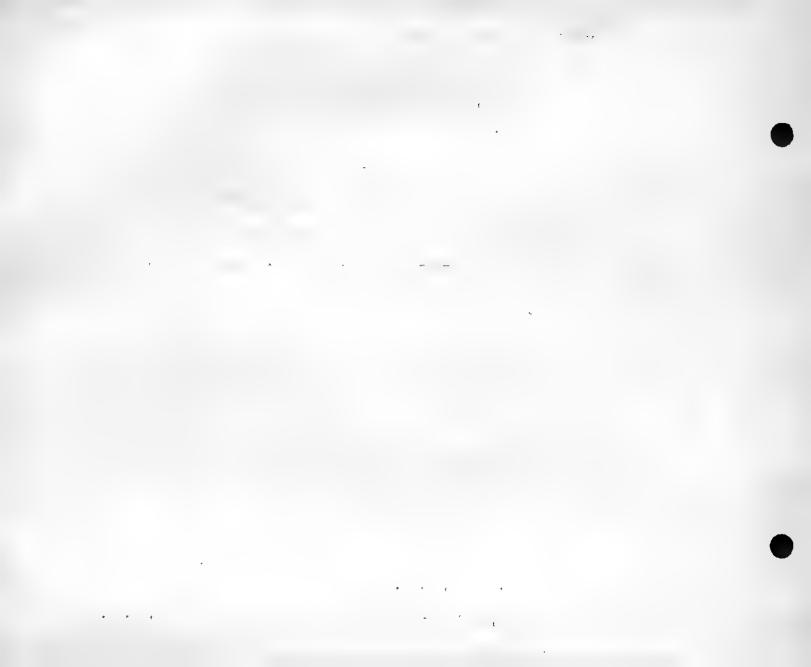
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	_		08992	DIAISION OF A		ERTIFICATE OF		MARYLAND 21201	08984	, ž
	death.	L		first hen Frances	Jones	Last	2o. D.	ATE OF DEATH  6 Manth 5 095	69 Year 2b.	HOUR M
within 24 haurs after death.  Terety filled in by the funeral carban pages 1 and 2 and 2 ant, within 72 hours after death.	3. 9	Female	4 RACE White			1902	6 AGE (In years last brinday) YRS.	FUNDER 1 YEAR IS UNDE MONTHS DAYS HOURS	DER 24 HRS	
	(0)	BIRTHPLACE (State or fareign	USA			RCED 🗍 /	TY OF DEATH		Md.	
		Neavitt	give stre	et oddress)	TUTION (If not in hospita:	dur/Managhan	ATION (Kind of work done wking life, even if retired)	126 KIND OF BUSINES INDUSTRY	SS OR	
	(ET As &	001	USUAL RESIDENCE (Where dission) STATE Md.	13b COUNTY /a.	Res dence before	Neavitt	YES 🔀 NO 🗌	3e STREET AND NUMBER		
quires that the death certificate bephysician. signed by the attending physician or build-transit permit. Then please mainly, crematian, ar removal, and in	no and see rem		FATHER'S NAME FIRST Gardiner G		Lost	Mary	Ann Morri	Middle Middle	cost	
	physicid en plea aval, ar	160	no	give wor or dates of service)	31,4-32-63		G. Jones,	Neavitt, Md.		
	ures that the death ce ysician ned by the attending rial-transit permit. The rial, cremation, ar remo		Conditions, if any, which grass to immediate couse stating the underlying colost.	DUE TO, OR AS A	CONSEQUENCE OF	rossy Celei	g fa	usreus usreutiti	APPROXIMATE NOTE OFTINGEN OWST AND	Prati DEATH
	is PHYSICIAN: The law requester he haspital ar attending plants certificate has been significated for use as the but a Dept. of Health priar to	CERTIFICATION	190 DATE OF OPERATION	CONDITIONS CONTRIBUTING			DPSY7	I GIVEN IN PART 1(0) POD IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYIN	NG
	SICIAN: spital ar artificate ed for u	EDICAL CE	210 ACCIDENT WAS UNDE OR CONTR BUTING CAUSE O (If either, notify medical e	FOEATH HOUR A.M. /	Wanth Doy Year 19			of injury in Port 1 or Port 2, 11	em 18)	
	G PHY: the har this ce detach te Dept	W	21d IN.JRY OCCURRED While Nat while of work			21f. LOCATION Street		City or Town	10	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to		22a. I certify that (I) saw the decease couses stated at 22b. SGNATURE 228. AHYSICIAN'S NAME (Type)	(this hospital) attended alive on 3 (the prove, (!) (we) (det) (det)	ded the deceased 19 d not) view the bo	from 7, and that in (mady after death.  DEGREE ATTENDITY PHYS  22e. ADD	NG MED DIRECTOR	ath occurred on the dot	27, that (I) (ve and hour and fr	ve) last om the
	Page TO FUL direct	230		3/9/1969		MELERY OR CREMATORY	23d N 6	CATION (Sity or 19m)	(County) (State	e)
	VR AIL	24	MURICE E,	NEWNAM & SOV	V, Easton	, Md;	250 REC D BY REGISTE	1256 REG STRARS S 1701 TOURNES	IGNATURE	



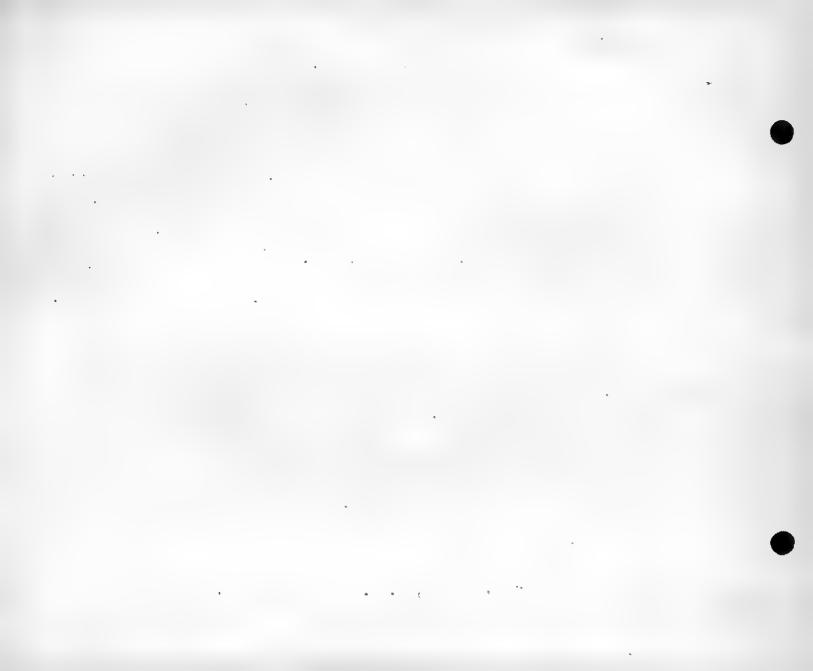
	N			ND STATE DEPARTMENT OF F		
		08993	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
		110990		CERTIFICATE OF DEATH		08985
and		ECEASED-NAME First ype or prat) HARV	Middle Middle	Kinnamon	20. DATE OF DEATH Month 2	Year 25. Hour
offer death forest	3. S	Male	White	S. DATE OF BIRTH	6 AGE (In years	IF UNDER JEAR IF UNDER 4 HRS MONTHS DAYS HOURS MIN
24-traus 172 hours	cau	BIRTHPLACE (State or foreign arry) Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH	
		ITY OR TOWN OF DEATH EUSTON		ISTITUTION of nat in haspital 120 USU/	AL OCCUPATION (Kind of work done opt of working life, even if retired) Lined Store Cle	126. KIND OF BUSINESS OR INDUSTRY
amplet ve carly ve carl	adm	ission) STATE	ed lived, if institution Residence before 118 COUNTY Caroline	13c. CITY OR/JOWN 13d. INSIDE CITY		and it to
and or rem	14.	FATHER'S NAME First	M.ddle Last	IS. MOTHER'S MAIDEN NAME F	irst Middle	Last
ate be		Charles W		NO 17 INFORMANT	Address	
ohys on p oval,		es_no, or unknown) (If yes give v	717-07-	9046 Mildred Ki	innamon Greens	boro, Md.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon poshould be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within the state Dept.		PART I. DEATH WAS CAUSEI	y one cause per tine far (a), (b) and (c) BY. ITE CAUSE (o)	Annes		APPROXIMATE NTERVAL BETWEEN ONSET AND GEATH
that the ton.  by the crematia		Conditions, if only which gove itself to immediate cause (a), stating the underlying cause	(b) A SCOUNTED THE DUF TO, OR AS A CONSCOUNTED TO	10		75 ys
quires tha physician. signed by burial-tran		PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	L-Day S
law re nding been s the	NOLL	19a DATE OF OPERATION 119b.	COMO A CTIONA CONDITION FOR WHICH OPERATION WAS P		200, IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
: The are often the has a dith pr	CERTIFICATION	21g ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	YES NO	CAUSES OF DEATH?	101
SICIAN spital of ertifical ed far af He	MEDICAL	OR CONTRIBUTING CAUSE OF OFAI	HOUR A.M. Manth Day Yea er) P.M.	9		em 18.)
S PHYSICIAN: The law rathending the haspital ar attending this certificate has been detached far use as the e Dept. of Health priar ta	×	21d INDURY OCCURRED 21e Whoe Not while at work	PLACE OF INJURY (AT HOME FARM, STREET E.	ACTORY.) 21f. LOCATION Street or R.F.D. No	City ar Town	County State
Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the state Dept.		saw the deceased a causes stated above	s haspital) otteaded the decem- live an	ed-fram (0/23 , 19 2 19 , and that in (my) (our) opt body ofter death.	nion deoth occurred on the dat	e and hour and from the
L OR A DIRECT DIRECT Sheet of the state of t		22d PHYSICIAN'S Dorset	t D. Smith		IKECTOR - PH15	/28/69
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be file	80	NAME (Type)			Maryland 21601	
TO HO Page direct share			-30-69 Cedar	CEMETERY OR CREMATORY Hill	Vashington, D.	(County) (State)
VR A15 [4] 45M - 1/69	24,	FUNERAL DIRECTOR	i Greenslo	250. REC D B 20 DATE U	y registrar 7256 registrars s	



(451	Items 18&22m Film 415 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE HEALTH DEPT.	8-1-69 08994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08986
HEALIN DEFI.	1. DECEASED NAME First Middle Last 20. DATE KNOWN Month (Type or Print)	Doy Year 2b HOUR
ay is 3 ta Page	PRANK BAKER LEWIS DEATH MATED L	16 1969 - M
Pay Pay	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 14 HRS 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN Month Day	Year 2d HOUR
f any delay 1, 2, and 3 m Pw3. Pa	Male White May 16, 1928 41 YRS.	19 M
po de la composición della com	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
P 1 E 1 P C	COUNTNEW JETSEY USA WIDOWED DIVORCED Talbot Co	unty Md
21 age age state	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
	Bozman Woodcarver	INDUSTRE
Give ang w	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDECTY LIMITS? 13e STREET AND NUMBER	·
More, No. 18. Give all and degith	admussion) STATE 13b. COUNTY Talbot Bozman YES NO T	
	14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Lost
Hale of the	George Fenn Lewis Eva Baker	
	16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
STREET,  I within n pencil Examiner File page	(Yes, no, or unknown) (Il yes give war or dates of service) 136-22-2370 Mrs. Ethel M. Lewis, Bozman, Mar	yland
	18. CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
W. PRESTON S d be executed of "pending" in Chief Medical Es transit permit. Fi	PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a) Alcohol-Barbiturate synergism	Hours
RES exect and in Med Med	DUE TO, OR AS A CONSEQUENCE OF	
S, 301 W. Pl shauld be e ne word "per a the Chief f burial-transit in any even	Conditions of one which gove (b) (b) (b)	
iol W auld I word word he Ch ial-tra any e	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
301 wor the rrial-	last. (c)	
VITAL RECORDS, 301 V This certificate shauld cate, writing the word be farwarded to the CF besuged as a burial-tra ir removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iting ardec	To Date of Operation 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
ittal RECC nis certific nte, writin e farward be used a removal,	WAS PERFORMED?	YES NO
This certificate, writing the farward beused or removal.	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 211 HOW INJURY OCCURRED (Enter nature of notyre of notyr	
or v Thr Three Id be	PRIMARY OF CONTRIBUTING HOUR A.M.	
ION OF VI IINER: Thi ne certificat should be files. 3 shauld be	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No City or Town	County State
<b>≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥</b>	WHILE NOT WHILE   factory, affice building, etc.)	3,00
DIV L EXA L EXA ecute Page or yau	22a   certify that I taak charge af the remains described above, held an Autapsy 📈 Inspection 🗌 Inquiry 🗍	, and in my apinion
MEDICAL EI MEDICAL EI Medicase execu director Pag director Pag Minector Pag Minecto	death resulted from: Natural causes 🗷 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner	
irect aine aine ta Ita	CHIEF MEDICAL EXAMINER	
TTY M Peral die Priori	SIGNATURE COMPANY (16 8 VICTOR M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
Der Constitution of the co	EXAMINER'S ACT DEPUTY MED CAL EXAMINER A	>-11-64
O DEPUTY MEDICA necessary, please e- the funeral director 5 may be retained 0 FUNERAL DIRECTO Health Pitar to bur	NAME (Type)  LOUIS S. WELTY, M. D. ADDRESS(Street, city, tawn, or county)	
TO DEPL necessa the fun 5 may 10 FUNE Health	23a BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
	Cremation June 18,1969 Pt. Lincoln Cemetery Washington, D. (	J.
VR AISME (6)		SIGNATURE
10M - 1/690	Starrison Exconard St. Trichack Md DATA UN 17 1969 John	0

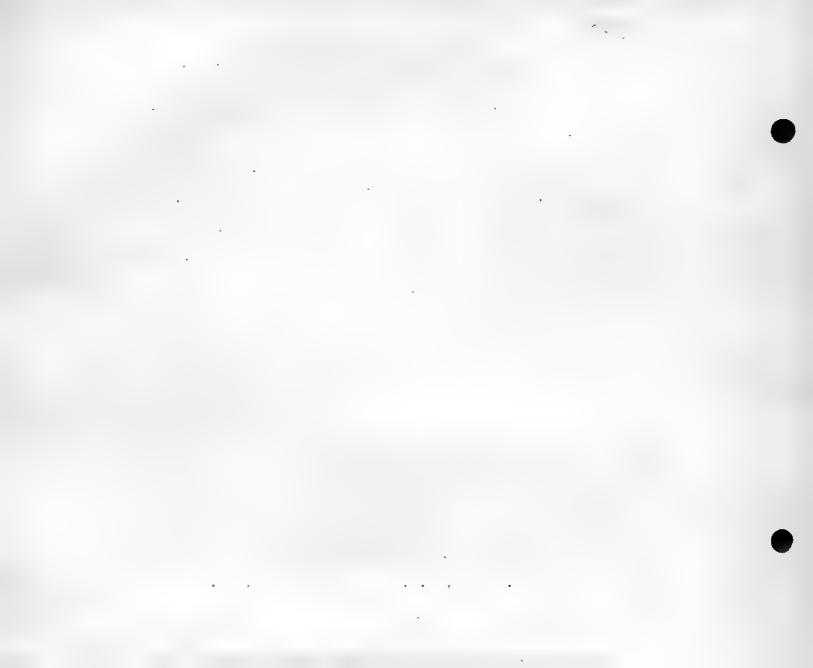


114	4 <sup>I,1</sup>	em 19 Film 414		STATE DEPARTMENT OF HE	ALTH	
70	-	08995		01 W. PRESTON STREET, BALTIM RTIFICATE OF DEATH	URE, MARYLAND 21201	08987
2 202	1 [	ECEASED NAME First	- Middle		2g. DATE OF DEATH	
death and 2		Type or print) Ralph	Vivoent	Muldoon	Manth Ray	Year 26 HOUR
a 5 1 a	3 5		4. RACE	5 DATE OF BIRTH	6. AGE (n years	IF UNDER 1 YEAR   IF UNDER 24 MRS.
57 S. 20 P.	L	MALE	White	September 16,19	B85 BB YRS	NONTHS DAYS HOURS MIN
haurs in H	70 (9)	BIRTHPLACE (State or fareign 7b		THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S	COUNTY OF DEATH	
in 24 ha filled in 1 papers. hin 72 ha		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTI	The state of the s	OCCUPATION (Kind of work done	Md Male of Duringer on
withir ban fil		EASTON	give street address)		of working life, even if retired	26. KIND OF BUSINESS OR NOUSTRY
physician and completely filled in then please remave carban papers.	13a adn	USUAL RES DENCE (Where deceased issign) STATE		THE TER YES NO K	13e STREET AND NUMBER-	Ew
Man of the	14	FATHER'S NAME First	Middle ast	15 MOTHER'S MAIDEN NAME First	HARDOR VI	\ lost
	L	JAMES VINC	CENT Muldooi		J. PIERSALL	CROXEDN
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OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the 8		saw the deceased alive	e an193 I) ( <del>we) (</del> did) (di <del>d not)</del> view the bo	27_, and that in (my) (our) opinio dv after death	n death accurred on the date	and hour ond from the
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08989 CERTIFICATE OF DEATH DECEASED NAME Middle funeral s 1 and 2 ter death. 20. DATE OF OFATH 2b. HOUR (Type or print) 2 05 apers Pages in 72 haurs after 3. SFX 4. RACE DATE OF FUNDER 1 YEAR IF UNDER 24 HRS. 6 AGE (In years last birthday) MONTHS QAYS. HOURS 1-5-1886 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ WIDOWED F Filled 1 WELAWA PE OIVORCED TO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) requires that the death certificate be executed with during medst of working life, even if retired.) 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CTY OR TOWN 13d INSIDE CITYLEIM TS? 3e. STREET AND NUMBER 136 COUNTY TALBET TEASTON GOH WAYSIDE AVE physician and car en please remov and in ony 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Fost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) (If yes give wor or dates of service) burial, cremation, or removal, MISS GENE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (o) Canditrons, if any, which gave signed by the burial-transit p rise to immediate cause (o), OUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(g) attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO M YES [ Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING THE CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased framsaw the deceased alive on \_\_\_\_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death, 22b SIGNATURE 22c. DATE SIGNED DIRECTOR SYHS PHYSICIAN'S 22e ADDRESS 21601 NAME (Type) Hardv W. Walsh. M.D. Easton, Md. 230/ BURIAL GREMAT ON 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Specify) ELLOWS 24. FUNERAL DIRECTOR REC'D. BY REGISTRAR 256 VR A15 (4) 45M 1/69 45M



, 1		Item 2a Film 7 114 MARYLAND STATE DEPARIMENT OF HEALTH
FOR STATE		7/3/69 11 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08990
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 D	ECEASED NAME First Middle Lost 20 DATE KNOWN 12 Month Day Year 2b HOUR Type or Print) /
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INER: T e certific shauld b files. 3 shauld	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M.  CAUSE OF DEATH P.M. 19
	¥	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.)
EXAMINER: we the certi age 4 shauld r your files. Page 3 shau f, crematian,		WHILE AT WORK AT WORK
AL EXA execute ir. Page J far yau TOR: Pag		22a   certify that I took charge of the remains described above, held an Autopsy , Inspection   Inquiry , and in my apinion
ICAL E. Be executar. Paged far ed far et far		death resulted fram: Natural causes   Accident   Suicide   Hamicide   Underermined manner
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o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health priar ta burial, cren		NAME (Type) Son RECH ( ADDRESS(Street, city, town, or county)
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,	17	BURIAL 6/28/1969 WOODLAWN PEMORIALTARY EASTON, MTD
Λ Λ	24	EUNERAL DIRECTOR 250. REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A15ME (5) 10 10M REV 1/68	1/0	AURICE ENEWWAM SON, EASTON, (ND DATE JUN 30 1968 CUSICES FINE
1340	Delite.	



	MARYLAND STATE DEPARTMENT OF HEALTH  ORGAN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08991
The same of the sa	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do:  (Type or Print) JOHN WAITE PRITCHETT 0F ESTI-  DEATH MATED 6 1	*
	SEX 4 RACE   S DATE OF BIRTH   6. AGE (in years   F UNDER 1 YEAR   F UNDER 24 HRS   2c DATE PRONOUNCED DEAD   Months   M	Year 59 2d HOUR
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13	o USUAL RESIDENCE (Where deceased ived, if institution Residence before 13c CITY OR TOWN admission) STATETY Land 130 COUNT Chester lurlock YES NO X R.F.D. (Beulah	Officer )
, 14 	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle  Malcolm Pritchett Unknown	Lost
	o WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If you gay with a dates of service) None John V. Pritchett, Jr., Burtonsvi	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CERTIFICATION	190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO A
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M	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, while most while most while at work at work at work in the property of the building, etc.)	County Stote
	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner .  ACTUAL SIGNATURE	
	EXAMINER'S NAME (Type)  Louis S.Welty  actingEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)  6-18-	<b>-</b> 69
	June 20, 1969 Junior Order Cemetery Preston Carol.	ine Md.
2	1. J. Frampion of Son, Federalsburg. Maryland   DANUN 25 1969   250 REG STRAR S. SIGN	NATURE .



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	1		09001	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BACKET OF DEAT	ALTIMORE, MARYLAND 21201	08993
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	A Pier Pier Pier Pier Pier Pier Pier Pier	70. l caut	BIRTHPLACE (Stote or foreign itry)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIÉD DIVORCED DIVORCED	9. COUNTY OF DEATH	Md.
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os requires that the death certificate be exefoted	g physician. n signed by the attending physician of the burial-transit permit. Then please burial, crematian, ar remaval, and i		PART I. DEATH WAS CAUS IMMED Conditions, if any, which gave fise to immediate couse (o). stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	carchal for	ORCONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL  GETWEEN ONSET AND DEATH  STANT
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O HOSPITAL OR ATTENDING PHYSICIAN: The	be retained by the hospital ar DIRECTOR: After this certificate je 3 shauld be detached far u ed with the State Dept. af Healt	MEDICAL CER	While Not while at work  220. I certify that (I) (t sow the deceased causes stated above 22b_SIGNATURE)  22d_PHYSICIAN S NAME (Type)  BURIA_ (REMATION) 23b	ATH HOUR A.M. Month Day Year P.M.  B. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.  This hospital) attended the decease olive on the decease of the dec	ed from 1/18 , ond that in (my) (aur)	9 68, to 6 /2-9, 19 opinion death occurred on the d	County State
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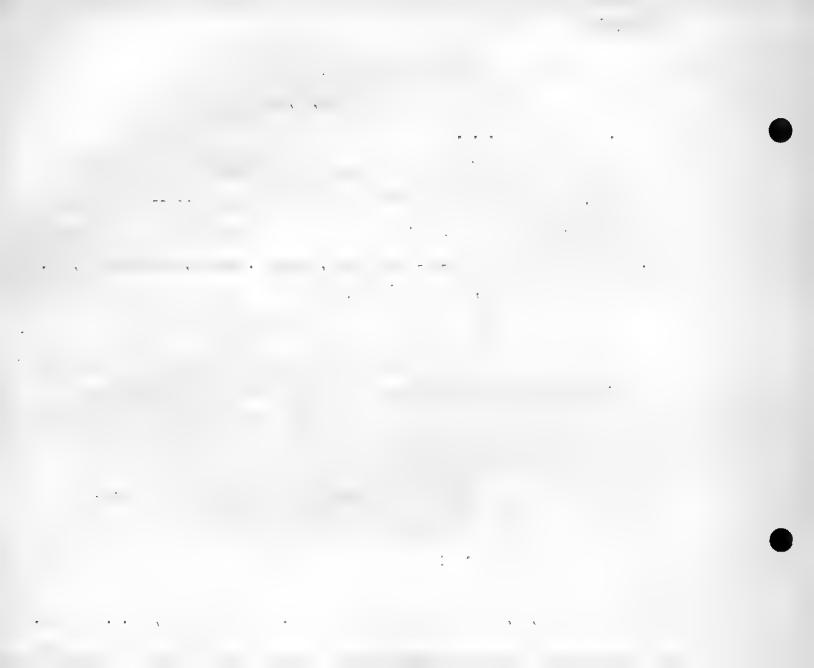
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08994 Item8 FilmChl3 6/19/69 kk CERTIFICATE OF DEATH I DECEASED NAME 20 DATE OF DEATH 2h HOUR "STEUART (Type or print) June Manth 14. Doy 4. RACE S. DATE OF BIRTH 6 AGE ( n years Lemale white lost (mylmday) lune 24 hours 70 BIRTHPLACE (State or foreign country) 4 Labama 7b CIJIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Talbox DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g USLA, OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR campletely ( Box 77 burial, crematian, ar remaval, and in any event, 13a US\_AL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Manufand 13b. COUNTY Talbot 13c CITY OR TOWN requires that the death certificate be executed 13d INSIDE CITY Lim TS? 13e STREET AND NUMBER aston. 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Last Last Achsa Scott Boswell 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SD CIAL SECURITY ND 17 INFORMANT If yes give war or dates at service. Yes, no or unknown) Mrs. Lyman S. Penny "Cosey Point" Easton 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a DATE OF DPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT MOME, FARM, STREET FACTORY) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 7950 Trees Unestar 19 saw the deceased alive an , and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED directar, page shauld be filed PHYS DIRECTOR 22e APDRESS Caston, Maryland 22d PHYSICIAN'S Stephen P. NAME OF CEMETERY OR CREMATORY Oak Hill 23a BURIAL, CREMAT DN, CLASMOUR (Specify) Neunam & Son Easton. Md. VR A15 (4) 45M 1/69

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	by d	2	70 E	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	1 /
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	bing PHYSICIAN: The law requires that the death certificate be executed within 24 hours by the haspital ar attending physician.  When this certificate has been signed by the attending physician and completely filled in by be detached for use as the burial-transit permit. Then please remaye carban papers. State Deat, of Health principle themsity or remaying and any event within 720 hands.		10 C	TY OR TOWN OF DEATH	1 NAME OF HOSPITAL OR INS give street address)	T TUTION (If not in haspital 120	USUAL OCCUPATION (Kind of work daneing most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY
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	nple e ca	2 /	odm	ssion) STATE Marylan	osed lived, if institution Residence before id 13b COUNTY Talbot		NO STREET AND NUMBER	
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E	and	5		JOHNE.	SWARTZ	15 MOTHER'S MAIDEN NA	ME First Middle	Lost
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	requires that the death certificate be a physician.  Signed by the attending physician are burial-transit permit. Then please is burial-transit permit, and in physician are moved.	ì	У	es, no, ar unknawn) (If yes give	e war or dates of service)	JOHN E.	SWACTZ EA	STAN MTD.
	cert Inel	5		18. CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), and (c) )	#-		APPROXIMATE INTURAGE
	ndin	3		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	nollhan	121	BETWEEN OBSET AND DEATH
	e de affe			11/X	DUE TO, OR AS A CONSEQUENCE OF		1	1000
	of the			Conditions, if ony, which gave rise to immediate cause (a)	(b)			
,	than by transfer	3		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
7	requires that the physician. signed by the burial-transit physician.	,		last.	) (c)			
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	haspital haspital s certifical sched for sept.		ME	214 MILIPY OCC PRED 121.	e. PLACE OF INJURY (AT HOME FARM, STREET, FACT	ORY ) 21F. LOCATION Street or R.F.D.	No. City or Town	County State
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	OR be re possible of the possi			MARIAN	el //harry	DEGREE PHYS ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	0-6-69
	AL C	,		22d PHYSICIAN'S/ NAME (Type) P3 I	one Weeth M D	22e ADDRESS	W: 1 3 W 3	
	4 may NERAL	/			ane Wroth, M.D.		Michaels, Marylar	ıd
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	1	00003		C	ERTIFICATE OF DE	ATH		-08996	•
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e death certific attending phys permit. Then p an, ar remaval,		PART I. DEATH WAS CAUS	ED BY	L L	Till 12			Annual Control	ta:
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red asp	MED	ALL INDIAN OCCUPAGE TO		E. FARM, STREET FACTO	RY.) 21F. LOCATION Street or F	P.E.D. Mo	ly or Town	County	Stote
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transity should be filled with the State Dept. If Health Illian to burial, cremat								- 4	
HC Signature HC	23 o.				METERY OR CREMATORY	23d LOCA	ION (City or Lown)		tote)
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MAKTLAND STATE DEPARTMENT OF HEALTH -09005DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08997 CERTIFICATE OF DEATH 1. DECEASED NAME Middle funeral and 2 or death Last 20. DATE OF DEATH that the depth certificate be executed within 24 haurs after death. (Type or print) Month in. 3. SEX 4 RACE BATE OF BIRTH 6 AGE (In years IF UNDER YEAR SE UNDER 24 HRS 11-8-09 lost birthdoy) MONTHS HOURS FEMA LE WHITE 60 YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 9. COUNTY OF DEATH country) TALBOT DIVORCED [ WIDOWED [ within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street peddress) cian and completely fease remove carban during rest of working life, even if retired) INDUSTRY EASTON PINES event 13a LSUAL RESIDENCE (Where deceosed lived, functifuling Regidence before odmission) STATE // 2 13b COUNTY / albox 130 STREET AND NUMBER Ave., Caston 13d INSIDE CITY LAUTS? and in any IS MOTHER SIGNATURAL 14 FATHER'S NAME Middle Lost Gennola Smith 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 1. Rev. George A. Taylor, Caston, Md. Yes, no of unknown) ă 216*-*46*-* 3059 burial, crematian, or removal, 5 attending r 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN DASET AND DEATH PART I DEATH WAS CAUSED BY permit Canditions, if any, which gave t burnal-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed ! last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO N 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Doy Year (If either, notify medical examiner) PM 21d INJURY OCCURRED 2 to PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City of Town County Stote OFFICE BUILDING, ETC While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from sow the deceosed olive on ond from the courses stated above, (I) (we) (aid) (aid not) view the body ofter death. 22h SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS PHYS 22d PHYSICIAN'S 22e. ADDRESS/ NAME (Type) (hestertoun, 230 BURIAL, CREMATION CEMETERY OR CREMATORY Ma (County) (Stote) RIMALIA DOLLY FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE molemulas Judge EASTON, MG Wernam & DOD

1.8 . 7 . 'n

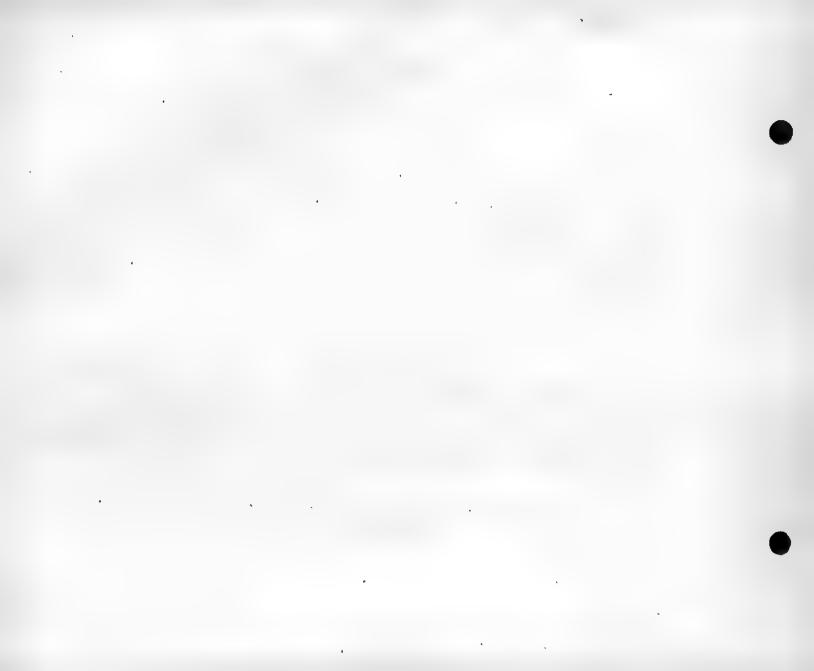




1		09008 DIVISION	MARYLAND STATI OF VITAL RECORDS, 301 W. P	E DEPARTMENT OF RESTON STREET, BAL		
FOR STATE		7000	MEDICAL EXAMINE			09000
HEALTH DEPT.		CEASED NAME First	Midde	Lost	20 DATE KNOWN OF ESTI-	- / /a
ag ge si		Darlene		Villiams	DEATH MATED	
2, and 3 to PM3. Page	3 5		lest	In years IF UNDER 1 YEAR bythday) MONTHS DAYS	HOURS MIN Month	Day Year
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KAMINER: te the certi ge 4 should your files. age 3 shoul	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	C8 PM 6-17 191	9 Vrour	red in porrow,	DIT .
A the X	*	21d INJURY OCCURRED 21e PLA	ACE OF NJURY (At home, form, street, ory, office building, etc.)	21f LOCATION Street	-	L. + County State
SICAL EXAMINER: se execute the cert sector. Page 4 should insed far your files. RECTOR: Page 3 should a burial, crematian.		AT WORK AT WORK		in east		Sol preg
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Try, pleared dillores and prider prider in		ACTUAL SIGNATURE	is WIKELET		SISTANT MEDICAL EXAMINER	22b. DATE SIGNED
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O DEPU necessed the fun 5 may O FUNE Health	23-	NAME (Type)  BURIAL, CREMATION, 23b. D	DATE 22 MARK DE	CEMETERY OR CREMATORY	DRESS(Street, city, town, or county)  23d. LOCATION (City or	Town) (County) (State)
F - 112	230	DEMOVAL (Specific)		rds Memori	, ,	Talbot Maryland
20	24-7	FUNERAL PIRECTOR 1911 TO	Juneral Home APP	& Lover ST	250 REC D BY REGISTRAR 25b	REG STRAR S SIGNATURE
VR ATSME IST		Barbara T. a	Shiola RAST	ON MD. 2160	DATE IN 1 7 1969	Elianles Judge



_	MARTIAND STATE DEPARTMENT OF HEALTH
<del>-</del>	19009 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 09001
بر 72 12	1. DECEASED NAME First O Middle Last 2a DATE OF DEATH 12h MOUD
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the least of the l	last bytaday) Monthirst Days industs a min
hours hours	OC 112 B B MS
24 ho ed in the pers.	Country) M. J. WIDOWED 1 DIVORCED TA/bot
requires that the deoth certificate be executed within 24 hours after death g physician.  In signed by the attending physician and completely filled in by the funeral sound be burial-transit permit. Then please remove carbon papers. Progressiand burial, cremotion, ar removal, and in ony event, within 72 hours after death	10 CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working the eyen if retired)  II NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working the eyen if retired)  TO CLAT RY
d w lete corb	13a. LSUAL RESIDENCE (Where deceased liver, if institution, Residence before 13c CITY OR TOWN , 13a INSIGE CITY June 57RFFT AND NUMBER
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TENDING ined by the DR: After buld be d the State	220. I certify that (I) (this haspital) attended the deceased from 3-30, 1967, to 6-1, 1967, that (I) (we) last saw the deceased alive an 3-31, 1967, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
A ATTENI retoined retoined ECTOR: A 3 shauld with the	
OR ATTENI De retoined DIRECTOR: A je 3 shauld ed with the	22h Signature Degree Phys Director Phys C 22L Date Signed 6/2/69
Pige d	DEDITE PHIS DIRECTOR - PHYS -
10 HOSPITAL OF Page 4 may be OF UNERAL DIR director, page 8 secold IIII fried	22d. PHYS.CIANS J. Knud-Hansen M. D. 22e ADDRESS Easton, Maryland 21601 6/2/69
HO.	23q DURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) (State)
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45M - 1/69	CHARLES V. MODRE O ENTONMO. DAILIN 4 1969 HOUSINGS JUNES



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  OP 01 1
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230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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REMOVAL (Specify)  REMOVAL (Specify)  July 1969  Union  Goldsboro, Md.  24 FUNERAL DIRECTOR  250. REC'D BY REGISTRAR'S SIGNATURE  250. REGISTRAR'S SIGNATURE

